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Bib Data Sheet

CONFIRMATION NO. 5924

499

SERIAL NUMBER 09/895,843	FILING DATE 06/29/2001 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 136115.41USU1
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APPLICANTS

James P. Beck, Kalamazoo, MI;
 Andrea Gailunas, San Francisco, CA;
 Roy Hom, San Francisco, CA;
 Barbara Jagodzinska, Redwood City, CA;
 Varghese John, San Francisco, CA;
 Michel Maillard, Redwood Shores, CA;

** CONTINUING DATA **

THIS APPLN CLAIMS BENEFIT OF 60/215,323 06/30/2000

** FOREIGN APPLICATIONS **

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/15/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING	TOTAL CLAIMS 175	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

23552

TITLE

Compounds to treat alzheimer's disease

FILING FEE RECEIVED 4252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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BIBDATASHEET

CONFIRMATION NO. 5924

Bib Data Sheet

SERIAL NUMBER 09/895,843	FILING DATE 06/29/2001 RULE	CLASS 514	GROUP ART UNIT 1624	ATTORNEY DOCKET NO. 13615.41USU1
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APPLICANTS

James P. Beck, Kalamazoo, MI;
 Andrea Gailunas, San Francisco, CA;
 Roy Hom, San Francisco, CA; Barbara Jagodzinska, Redwood City, CA;
 Varghese John, San Francisco, CA;
 Michel Maillard, Redwood Shores, CA;

** CONTINUING DATA *****
 This appln claims benefit of 60/215,323 06/30/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 08/15/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 175	INDEPENDENT CLAIMS 5
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Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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 23552
 MERCHANT & GOULD PC
 P.O. BOX 2903
 MINNEAPOLIS , MN
 55402-0903

TITLE
 COMPOUNDS TO TREAT ALZHEIMER'S DISEASE

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing)
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